

CHICAGO MEDICAL SOCIETY.

At the May meeting of the Chicago Medical Society Dr. W. P. VERITY read a paper on "Insanity from traumatism in its medico-legal relations." The doctor made the following quotations: Marcé says, concerning the psychoses produced by traumatism: "In the greater number of these patients the mental disease assumes an illy-defined form, offering irregular alternations of stupor, agitation, and imperfect lucidity, without systematized delirious ideas, but recovery is never complete, and the patient becomes progressively demented." Francis Skae says that "Traumatic insanity is generally characterized at the commencement by maniacal excitement, varying in intensity and character. The excitement is succeeded by a chronic condition, often lasting many years, when the patient is irritable, suspicious, and dangerous to others. In many such cases distinct homicidal impulses exist. The characteristic delusions of this form of insanity are those of pride, self-esteem, and suspicion, melancholia being but rarely present. This form is rarely recovered from, and has a tendency to pass into dementia and terminate fatally by brain disease. The symptoms, progress, and termination of this insanity are sufficiently distinctive and characteristic to enable it to be considered as a distinct type of disease." Kraft-Ebing classifies "insanity from traumatism as it is : 1. The direct consequence of an accident. 2. Manifested later, the prodromus of disordered motor and sensory phenomena and change of character. 3. Preceded by a latent susceptibility (the result of the accident), which may be called an acquired predisposition, and which only requires an exciting cause to develop into actual insanity." Schläger, in a very valuable article on this subject, gives the following statistics and opinions: Of five hundred cases of insanity, he found forty-nine resulting from injuries to the skull. In twenty-one of these the injury was followed by immediate loss of consciousness ; in six-

teen, by simple mental confusion and wandering of the thoughts ; in sixteen, by dull pain in the head ; in nineteen the disease, insanity, commenced within one year after the accident ; in the other cases after an interval of from four to ten years after the accident. Generally the patients manifested from the time of the injury a tendency to cerebral congestion, after the ingestion of even a small amount of spirits, or mental excitement. In several cases ocular hyperæsthesia and even amblyopia made its appearance. In fifteen cases there appeared, shortly before and during the existence of the cerebral disorder, scotomic dots, which exerted a decided influence on the character of the delirium. The patient often experienced ringing and noises in the ears. In eighteen cases there was dulness of hearing ; in three, abnormal subjective perceptions of smell, and changes in the pupils. Frequently the character and disposition changed. In twenty cases great irascibility and an angry, passionate manner, even to the most violent outbursts of temper, were remarked. Sometimes, but far less frequently, there occurred over-estimation of self, prodigality, restlessness, and disquietude. In fourteen cases there were attempts at suicide, and frequent loss of memory and confusion. The prognosis in all was unfavorable ; seven became progressively paretic.

Kiernan says : That traumatism produces certain psychoses. That the majority of these are unaccompanied by epilepsy. That the majority have a tendency to end in progressive paresis. That a large proportion are accompanied by depressing delusions. That the majority of these latter do not exhibit any hereditary taint. That, with certain modifications, Kraft-Ebing's conclusions respecting the traumatic psychoses are correct. That injuries received before the age of forty are probably of more effect in producing insanity than those received subsequently. That slight injuries, from the insidious nature of the changes they set up, are as much to be dreaded, if not more, than the grave injuries. That traumatic causes did not have as much influence in the production of insanity as intimated by Schläger, he finding that over eight per cent. of the cases were caused by traumatism, while at the New York City Asylum for the Insane but two per cent. were so caused. That certain cases of insanity caused by traumatism have well-marked systematized delusions. That in all cases of insanity caused by traumatism a guarded prognosis should be given. He cited a case in which there was hereditary taint coming under his own observation, and in which, after an injury to the skull, marked change of character resulted, attended by hallucin-

nations, prodigality, and violence. The man committed suicide, and Dr. Verity was called on to determine whether such suicide was an insane act, and gave it as his opinion that it was. Dr. Ingals asked if suicide was ever a sane act? Dr. Kiernan said that it very frequently was, and cited a case where a man committed suicide because he was afflicted with rectal cancer. Dr. Ingals asked whether the hereditary taint in the case cited was not sufficient to produce the insanity? Dr. Verity said that it no doubt acted as a predisposing cause, but the traumatism was the exciting cause. Dr. J. H. Hollister related a case where a young man was struck on the head, became insane within a year thereafter, and finally died in an asylum forty-three years after the injury. Dr. Kiernan said that he thoroughly agreed with Dr. Verity's diagnosis. The cases cited from him had a tangible ætiological relation to traumatism, and were not of the *post hoc ergo propter hoc* nature of the asylum reports.